

PM 02-10-2015

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Miami Beach Advisory Council

Name

(2) 2618 Centennial Place

Address (number and street)

Tallahassee, FL 32308

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____

☐ Political Committee (PC)

☒ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 15 To 01 / 31 / 15 Report Type: M01

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 1 , 500 . 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 1 , 500 . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 2 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1 , 500 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Mark Herron

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
Signature

(Type name) Mark Herron

☐ Candidate ☒ Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Miami Beach Advisory Council (2) I.D. Number _____

(3) Cover Period 01 / 01 / 15 through 01 / 31 / 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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(1) **Name** Miami Beach Advisory Council

(2) I.D. Number

(4) Page 1 of 1

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